

MOTIVATIONAL
ENHANCEMENT
TREATMENT (MET)
Manual

INSTITUTIONAL AND

COMMUNITY

VOLUME



MOTIVATIONAL ENHANCEMENT TREATMENT (MET) Manual

Institutional and Community Volume

Theoretical Foundation and Structured Curriculum

INDIVIDUAL AND GROUP SESSIONS



*Developed for the State of Maine, Department of Mental Health,
Mental Retardation and Substance Abuse Services,
Office of Substance Abuse (OSA)
and Implemented in the Maine Drug Court System (DCS)
Department of Corrections (DOC), and the Community Corrections System*

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The current version of the manual incorporates individual and group sessions of MET to allow DSAT facilitators to deliver motivational services to the full range of clients within the Maine offender population: prison, drug court and community corrections. We appreciate the collective effort and contribution of everyone who has been involved in this project.

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The
Motivational
Enhancement
Treatment
Program

Overview

MOTIVATIONAL ENHANCEMENT TREATMENT SERVICES

The following Motivational Enhancement Treatment (MET) Manual is directly based on work that is presented in the June 1999 document, *Differential Substance Abuse Treatment (DSAT) Model* (Jamieson, Beals, Lalonde and Associates Inc.). The model was developed under the direction of the State of Maine Department of Mental Health, Mental Retardation and Substance Abuse Services — Office of Substance Abuse (OSA), for implementation in the State of Maine Department of Corrections and the Judicial Department. The design and implementation of the DSAT Motivational Enhancement Treatment extends across — the entire correctional and criminal justice system (i.e., drug courts) — and is both institutional and community-based.

The MET delivery procedures are standardized to ensure that DSAT facilitators (i.e., counselors) receive intensive training on the delivery of a structured program curriculum. In addition, DSAT facilitators receive treatment supervision to ensure that quality standards are met in program delivery. At the same time, the theoretical basis and clinical approach remains client-centered and tailored to personal choice on the part of the offender.

There are a total of eight MET sessions in this manual. They are divided between two individual institutional sessions, one individual community session and five group sessions that are shared between institutional and community sites. The number of the MET services varies according to the criminal need/risk of the offender; more intensive services are directed at high-risk clients while less intensive services are delivered to low-risk clients. The MET services are designed to increase problem recognition and the probability of treatment entry, continuation, and compliance on the part of the offender. The MET programs serve as an adjunctive treatment to a range of cognitive behavioral options.

CONTEXT FOR THIS PROGRAM

The MET manual contains both institutional and community treatment sessions that can be delivered to offenders across all DSAT service levels for both men and women.

The DSAT screening and comprehensive assessment procedures are used to direct offenders into MET and Cognitive Behavioral treatment.

The objective of screening is to match the offender's need level with a series of program services (MET and Cognitive Behavioral programming) that address criminal risk. The following approach is adopted for referring offenders into institutional and community treatment.

Table 1: Treatment Levels — Men’s Program

INSTITUTIONAL SERVICES	
Severity	Assigned Program Level
None	Level 1 (DSAT Awareness — brief intervention)
Low	Level 2 (DSAT Education — brief intervention)
Moderate	Level 3 (DSAT Treatment — moderate intensity)
Substantial	Level 4 (DSAT Treatment — substantial intensity)
Severe	Level 5 (DSAT Treatment — highest intensity)
COMMUNITY SERVICES	
Severity	Assigned Program Level
None	Referrals to Other Community Services (non-DSAT)
Low	Referrals to Other Community Services (non-DSAT)
Moderate	Level 3 (DSAT Treatment — moderate intensity)
Substantial	Level 4 (DSAT Treatment — substantial intensity)
Severe	Referral to Other Residential Services (non-DSAT)

Table 2: Treatment Levels — Women’s Program

INSTITUTIONAL SERVICES	
Severity	Assigned Program Level
None	Level 1 (DSAT Awareness — brief intervention)
Low	Level 2 (DSAT Education — brief intervention)
Moderate	Level 3 (DSAT Treatment — moderate intensity)
Substantial	Level 4+ (DSAT Treatment — combined substantial to highest intensity treatment where appropriate)
Severe	
COMMUNITY SERVICES	
Severity	Assigned Program Level
None	Referrals to Other Community Services (non-DSAT)
Low	Referrals to Other Community Services (non-DSAT)
Moderate	Level 3 (DSAT Treatment — moderate intensity)
Substantial	Level 4+ (DSAT Treatment — substantial intensity)
Severe	Women offenders in the Severe category may, following appropriate clinical assessment, be included in the Level 4+ program, or be referred to other residential services (non-DSAT).

For the institutional services, a straightforward system is devised so all offenders falling into the “none” range are referred into Level 2 programming, low to Level 2, moderate to Level 3, substantial to Level 4, and finally the most severe cases are referred into the most intensive level of services (in the case of men, to Level 5, and in the case of women, to Level 4+). There should be no deviation from the referral system outlined in the chart above unless new information is uncovered during the comprehensive assessment (e.g., a higher or lower level of dependence is determined).

For the community services, the same principles of assessment and referrals into treatment apply. The initial assessment procedures classify offenders into one of five levels depending on their dependence to alcohol and/or drugs. Levels 1 and 2 represent no problem or low dependence and require referrals to other education and awareness interventions in the community (i.e., non-DSAT services). Level 3 represents moderate intensity dependence and Level 4 represents substantial intensity dependence. Both of these levels indicate a higher level of criminal risk that requires treatment interventions offered through the community DSAT system. For men, Level 5 represents a level of addiction requiring institutionalization or long-term residential treatment. Generally speaking, these offenders are not appropriate for DSAT community services. For women with severe levels of addiction, referrals to long-term residential treatment will be required, unless appropriate clinical assessment indicates that the offender’s needs could be addressed via Level 4+.

OBJECTIVES OF THE PROGRAM

Table 3 lists the core objectives for each of the MET sessions.

Table 3: Sessions and Objectives

Session	Title	Core Objectives
Institution	Individual Sessions	
1	Priming Session	Express concern regarding substance use
2	End Treatment Session	Consolidate commitment to behavior change
Community	Individual Sessions	
1	Initial and Mid-Treatment Session	Increase motivation for treatment and ongoing behavior change
Institution and Community	Group Sessions	
1	Both Sides of Change	Explore pros/cons of use and alternative for changing behavior
2	Change/Not Change	Explore the short and long-term consequences of behavior change to motivate clients
3	Drugs on Trial	Mock trial as basis for motivating clients to change their behavior
4	Inner Struggle	Exploring ambivalence and to examine reasons to not use alcohol/drugs in high-risk situations
5	Pathways Forward	Explore pros/cons of treatment as basis for behavior change

OPERATIONAL REQUIREMENTS

Tables 4 and 5 show that the number of MET sessions (individual and group) increases as you move from low intensity programming (i.e., Levels 1 and 2) to higher intensity programming (i.e., Levels 3, 4, 4+ and 5).

Once service delivery begins, at least one MET session can be delivered each week. More frequent delivery is allowed if time and resources permit. Note that the same intensity of delivery applies to the men's and women's program for levels 1 to 3.

Table 4: Intensity of MET Delivery — Men's Program

Severity	Assigned Program Level	Recommended Services *
Institutional Services		
None	Level 1 (DSAT Awareness — brief intervention)	No MET services
Low	Level 2 (DSAT Education — brief intervention)	1 individual session
Moderate	Level 3 (DSAT Treatment — moderate intensity)	2 individual sessions 2-3 group sessions
Substantial	Level 4 (DSAT Treatment — substantial intensity)	2 individual sessions 3-4 group sessions
Severe	Level 5 (DSAT Treatment — highest intensity)	2 individual sessions 4-5 group sessions
Community Services		
Moderate	Level 3 (DSAT Treatment — moderate intensity)	2 individual sessions 2-3 group sessions
Substantial	Level 4 (DSAT Treatment — substantial intensity)	2 individual sessions 4 group sessions

* As previously noted, there are a total of eight MET sessions in this manual (two individual institutional, one individual community (which can be delivered twice), and five group sessions for institutional or community delivery).

Table 5: Intensity of MET Delivery — Women’s Program

Severity	Assigned Program Level	Recommended Services
Institutional Services		
None	Level 1 (DSAT Awareness — brief intervention)	No MET services
Low	Level 2 (DSAT Education — brief intervention)	1 individual session
Moderate	Level 3 (DSAT Treatment — moderate intensity)	2 individual sessions 2-3 group sessions
Substantial	Level 4+ (DSAT Treatment — combined substantial to highest intensity)	2 individual sessions 4-5 group sessions
Severe		
Community Services		
Moderate	Level 3 (DSAT Treatment — moderate intensity)	2 individual sessions 2-3 group sessions
Substantial	Level 4+ (DSAT Treatment — substantial intensity)	2 individual sessions 4 group sessions

* As previously noted, there are a total of eight MET sessions in this manual (two individual institutional, one individual community (which can be delivered twice), and five group sessions for institutional or community delivery.

The above MET delivery requirements are consistent with the spirit and philosophy of MET. DSAT facilitators can increase the number of group sessions based on the needs of each treatment group to remain consistent with the client-centered approach of the program.

SEQUENCE OF DELIVERY

In summary, Table 3 lists the MET session topics (individual and group) and core objectives while tables 4 and 5 highlight the number of sessions that are required for the different levels of MET delivery.

There is no fixed sequence for delivering the individual and group MET sessions. DSAT facilitators can select from the menu of options in the MET manual to meet the delivery requirements for each group. Table 6 does present, however, a set of recommended guidelines as to how you can approach MET delivery at the different program levels. The discretion rests with the DSAT facilitator. The MET sessions marked with an asterisk (*) represent optional sessions.

Table 6: Menu of Options

Program Level	Sessions
Institutional Services	
Level 1: DSAT Awareness	No MET
Level 2: DSAT Education	Priming Session (I)
Level 3: DSAT Treatment	Priming Session (I) End Treatment Session (I) Both Sides of Change (G) *Change/Not Change (G) *Drugs on Trial (G) Pathways Forward (G)
Level 4: DSAT Treatment Men’s Program & Level 4+ Women’s Program	Priming Session (I) End Treatment Session (I) Both Sides of Change (G) *Change/Not Change (G) Drugs on Trial (G) Pathways Forward (G)
Level 5: DSAT Treatment Men’s Program Only	Priming Session (I) End Treatment Session (I) Both Sides of Change (G) Change/Not Change (G) Drugs on Trial (G) Pathways Forward (G)
Community Services	
Level 3: DSAT Treatment	Initial and Mid-Treatment Session (I) — Deliver 2X
	Both Sides of Change (G) *Change/Not Change (G) *Drugs on Trial (G) Pathways Forward (G)
Level 4: DSAT Treatment Men’s Program & Level 4+ Women’s Program	Initial and Mid-Treatment Session (I) — Deliver 2X Both Sides of Change (G) *Change/Not Change (G) Drugs on Trial (G) Pathways Forward (G)

Legend: (I) Individual
(G) Group
* Optional

ORGANIZATION OF THIS MANUAL

There are three parts to each session in this manual — an overview, the lesson plan itself, and associated supplements.

The Overview The Overview includes a statement of purpose, clearly stated objectives that generally reflect the structure of the lesson plan, and a list of all supplementary materials.

The Lesson Plan The lesson plan is broken down into timed segments. Facilitators can use the lesson plans as guides but delivery concentrates on a client centered approach to service delivery that highlights the core principles and strategies of MET (discussed later).

Session Materials All MET handouts and instructions are located in the last section of the manual. Simply refer to the lesson plan to determine the handouts required for a given MET session, locate them in the Session Materials section and photocopy.

Special notes to facilitators are clearly shown as such within each lesson. These notes or explanations are designed to help facilitators better understand how or why to conduct a discussion or an exercise.

CONTINUUM OF SERVICES

It is important to remember that the MET services are linked to the overall DSAT system as “adjunctive treatment” prior to cognitive behavioral service delivery. The DSAT implementation approach is based on a “Continuum of Services” that extends across the entire offender population. DSAT has links to the Adult Drug Treatment Courts, as well as prison-based, transitional, and community-based services. The success of DSAT’s implementation is dependent on the success of the collaboration between OSA, the Judicial Department, and the Department of Corrections.

Please refer to the core DSAT Cognitive Behavioral manuals (e.g., Men’s and Women’s Community Treatment Manual) for an in-depth overview of the DSAT system.

FINAL DIRECTION

This manual also provides detailed instructions on how to conduct MET using the session content areas outlined later. MET is a flexible intervention that can be tailored to individual program and participant needs. While eight different sessions are presented, a program with limited time or resources may elect to use only a subset of the sessions.

The manual is divided into three parts:

1. The Motivational Enhancement Treatment Program
2. The Motivational Enhancement Treatment Sessions
3. Session Materials.

This manual is **not** a substitute for solid clinical training or for reading works in motivational counseling and intervention. A listing of essential readings and other resources on motivational interventions is provided at the end of the manual.

Rationale and Theoretical Basis for MET

FRAMES AND MOTIVATIONAL INTERVENTIONS

Dr. William Miller and his colleagues have identified several components of effective motivational interventions that can be summarized by the acronym FRAMES. According to Miller's evaluation of many interventions, those that are most effective at producing changes in behavior are ones that provide **F**eedback about the individual's behavior; place **R**esponsibility for change with the individual; while nonetheless providing explicit **A**dvice to change; offer a **M**enu of change options presented in an **E**mpathetic, nonjudgmental and respectful manner; that enhance the individual's sense of **S**elf-efficacy or hope with respect to the possibility of change.

Miller's view of motivational interventions is based on an examination of how effective interventions are alike. However, it does **not** provide a basis for understanding **why** interventions that have the FRAMES elements are effective. In order for facilitators to be most effective in delivering motivational interventions such as MET, the facilitator must understand fully the "**why**" behind the approach. It is particularly important for addictions counselors, who may have been trained in more confrontational methods, to understand the rationale for using this less overtly confrontational, but highly effective, approach. The next sections outline the rationale for using FRAMES and MET.

MOTIVATION FROM THE PERSPECTIVE OF SELF-DETERMINATION THEORY

MET is based on a theory of human motivation and psychological growth called self-determination theory (SDT). SDT has been developed and validated over the past three decades by researchers Richard Ryan and Edward Deci and their students from the University of Rochester. The results of research on SDT have clearly shown how using particular therapeutic styles can enhance motivation to engage and persist in a variety of behaviors. Areas of behavior studied within the SDT framework have included learning in the classroom, prevention of high school drop out, presentation and impact of health-related messages, and motivation for change in health-related behaviors such as diet, medication compliance, cigarette smoking and substance use. Populations studied have spanned all age groups from young children to the elderly. In all cases, when interveners (that is, teachers, caregivers or clinicians) apply the principles of SDT they produce **greater** and **more lasting** changes in behavior.

SDT postulates that motivation to change a behavior is like a continuum ranging from “**amotivation**,” in which the individual is not motivated to change the behavior at all; through several forms of “extrinsic” or “**controlled**” motivation, in which the impetus for change is essentially external to the individual in its origin; to “intrinsic” or “**autonomous**” motivation in which the impetus for behavior or change comes truly from within the individual. **Behavior that is more intrinsically motivated is more persistent and behavior change more likely to be carried out.**

There are six “sub-types” of motivation that vary in the degree to which the resulting behavior is self-determined versus non-self-determined. The more self-determined a behavior, the more likely it will persist.

Amotivation is a completely non-self-determined type of motivation — a behavior that is amotivational is essentially not under the individual’s control, nor is it particularly important to them.

There are four types of extrinsic or **controlled** motivation — external regulation, introjected regulation, identified regulation and integrated regulation.

In **external regulation**, the behavior is completely determined by the reward and punishment contingencies in the environment. When the environment no longer rewards or punishes a particular behavior, the individual stops doing it.

Introjected regulation is more internal, but still a controlled type. Behavior that is introjected is engaged in because the individual believes others want it and is motivated by internal rewards and punishments (that is, guilt, low-self esteem). It is, however, not fully integrated into the individual’s own sense of themselves.

In contrast, behavior that is governed by **identified regulation** assumes some personal importance, but the overall impetus is still external. This is a behavior that the individual would not have engaged in on her or her own unless some important impetus was present. This sort of behavior is motivated by “shoulds,” such as brushing one’s teeth regularly.

Still external in origin, but much more internally regulated is behavior that is governed by **integrated regulation**. Behavior that is integrated is still external in origin but fully integrated into one’s self-image. An example might be the notion that one works to support one’s family. If, however, the rewards produced by working disappeared the behavior would also disappear.

The most self-determined, or **autonomous**, behavior is governed by **intrinsic regulation**. This behavior is engaged in for the interest, enjoyment and fulfillment produced by the experience of the behavior itself. Even if there are no external rewards or punishments, intrinsically regulated behavior will be valued by the individual. An example might be reading a good book.

As behavior becomes more autonomous and regulated more by intrinsic or internal factors, it becomes more likely to persist in the face of difficulties. MET attempts to facilitate a shift in motivation for change toward a more internal or intrinsic motivation. How is this accomplished?

ENHANCING MOTIVATION USING SDT CONCEPTS

Ryan and Deci identified three basic human “needs” that form the core of motivation:

1. a need for personal **autonomy**, that is, to experience one’s behavior as determined by and under the control of oneself, rather than controlled by external forces;
2. a need for a sense of personal **competence**, that is, a belief that one has the capacity to engage in the behaviors for which one is motivated; and
3. a need for a sense of personal **relatedness** with others, that is, a belief that others value and respect the person’s thoughts, feelings and beliefs, and that the person is a part of a caring, supportive group.

In addition to having identified critical factors that are necessary to enhance motivation (autonomy, competence and relatedness), SDT has a further advantage over other views of motivation and behavior: it specifies what factors must be present in the person’s environment in order to foster more intrinsic motivation, and thus promote more rapid and lasting behavior change. In a nutshell, SDT research clearly shows that when an environment is (1) supportive of personal **autonomy** and a sense of personal choice; (2) provides feedback that enhances the individual’s sense of personal **competence** to follow through on plans and choices; and (3) provides a sense of **relatedness** through an empathetic understanding of the individual’s own perspective on his/her life, then behavior change is produced and the resulting changes persist over time.

Foote and his colleagues have re-interpreted the FRAMES elements in light of SDT. Clearly, the two perspectives have much in common. Table 7 provides an overview of how sessions in MET are structured in order to create a group environment that is highly supportive of the development of intrinsic motivation.

Table 7: FRAMES and SDT Elements (Adapted from Foote, et al. 1999)

FRAMES Elements	Autonomy Supportive (SDT) Elements
Feedback: Nonjudgmental, objective feedback based on participant report concerning substance use and its consequences for the individual	Provision of information without pressure toward a specific outcome
Responsibility: Focus on participant freedom of choice and the personal responsibility implied by that freedom	Emphasis on freedom of choice within the limits inherent in the individual's circumstances. Absence of pressure to act in a certain way or achieve a certain outcome.
Advice: Suggestions given directly in a non-coercive and nondirective manner	Suggestions given in an objective and "informational" manner, rather than a "controlling" ("You should do...") manner. Furnishing a meaningful rationale.
Menu of options: Clear range of options laid out for participant consideration. Lowers resistance to choice, increases intrinsic motivation — participant chooses path	Provision of adequate information to support a competent choice. Support of individual's freedom to make that choice.
Empathy: Supportive, reflective listening by facilitator, and accurate understanding of the participant's presentation and views	Acknowledgment and acceptance of the participant's perspective as valid from where the participant sits.
Self-efficacy: Encouragement and fostering of participant belief that he/she can accomplish a particular goal. Includes facilitator optimism.	Use of positive feedback in the service of increasing the individual's sense of competence. Key to achieving autonomous, intrinsic motivation.

Research on substance abuse treatment, particularly Project MATCH, suggests that approaches incorporating these elements are highly effective, particularly with angry, resistant participants — exactly the type of participants most likely to be found in correctional settings. By providing an environment that supports autonomy, enhances competence and is empathetic, a facilitator can significantly reduce resistance and enhance motivation to change.

The next section discusses specific "do's" and "don'ts" of using MET to create an environment in a small group that will enhance more intrinsic motivation. It focuses in particular on the **behaviors of the facilitator** that can create such an environment.

The Facilitator's Role in MET

In MET the behavior and personal characteristics of the facilitator are critical to successful outcomes. This section outlines specific facilitator behaviors that should be performed throughout each MET session. These behaviors focus around the three keys of (1) autonomy support; (2) competence enhancement; and (3) interpersonal relatedness.

AUTONOMY SUPPORT

There are three broad ways in which the facilitator supports participant autonomy:

- ◆ **Focus on choice.** In MET, the facilitator supports participant autonomy by focusing on the fact that, despite how things may seem, the **participant has a choice** of what to do with his/her life with respect to changing substance use and/or entering treatment. While the participant's range of choices may be restricted by environmental contingencies (such as conditions of drug court participation/probation may make detection of substance use a reason to sanction), there is still always a range of choices available to the individual. The facilitator needs to emphasize this frequently throughout the sessions.

It is critical that the facilitator **not** pressure the participant to choose a particular course of action. A course of action that is self-chosen and self-determined is one that is more likely to be pursued through to completion and success. Thus, despite what the facilitator thinks the participant should do, the stance should always be toward fostering participant decision-making in a self-determined fashion.

- ◆ **Non-judgmental stance.** The facilitator should maintain a **non-judgmental stance** toward the participant and the participant's behavior throughout. The only exception is toward behavior in the group that is disruptive, judgmental or critical of other group members. Such behavior should be commented on immediately, and the participant who demonstrates it urged to be more accepting of the other person's point of view. In some of the sessions, the content explicitly revolves around presentation and acknowledgment of views that may seem at odds with what the facilitator wants or with what other group members may want. An autonomy supportive environment encourages people to **explore various options**, aloud, and explicitly, even though those options may seem inappropriate or impossible to attain. **A critical part of MET is the *process of struggling with options and alternatives and deciding on a course of action for oneself!***

- ◆ **Objective information provision.** The facilitator provides **information** to participants about potential consequences of various courses of action within the correctional and criminal justice systems, about the health consequences of various courses of action, about the various options for change that might be available, including the range of DSAT program options. This information should be provided in an **objective, non-insistent manner** that does not push the participant toward deciding on a particular course of action. Often the facilitator can present information most effectively by asking a question such as “Are you aware that we have DSAT Community Treatment programs for men and women? The DSAT Community Programs are one way that many people can be successful at changing their substance use.” If the participant asks for more information, the facilitator can then provide it.

NOTE: The facilitator’s role is to encourage self-determination, not to impose a particular course of action on the participant!

COMPETENCE ENHANCEMENT

In MET, the facilitator attempts to enhance competency by using **positive reinforcement**. Because the main goals of MET focus on helping participants determine their own course of action, the facilitator needs to be attentive to any behaviors by participants that move them toward self-determination. The facilitator should focus on positive reinforcement of any of the following participant behaviors:

- ◆ **Problem identification.** Because problem identification is a key aspect of effective decision-making, the facilitator should reinforce any attempts at problem identification as well as actual identification of problems.
- ◆ **Option recognition.** The facilitator should reinforce any indication that group members understand that there are a variety of choices and options open to them in any situation, even though they may not like the options available.
- ◆ **Option evaluation.** The facilitator should reinforce any indication that group members are evaluating and weighing the options available to them, regardless of whether the participants evaluate options in the same way the facilitator does. The facilitator should actively encourage the assessment of relative “pros” and “cons” of various options raised by participants.
- ◆ **Action intentions.** Statements from participants that indicate an intention to pursue changes that are likely to lead to change in substance use or entry into treatment should be acknowledged and reinforced by the facilitator. Action intentions need not be complete or well-formed, but may be as simple as “I think I need to think about this!” Any small steps toward health should be acknowledged and reinforced.

NOTE: The facilitator should *avoid* being critical of participant efforts or taking sides with respect to participant solutions. The goal here is to foster the *process* of decision-making, not to push a particular course of action.

INTERPERSONAL RELATEDNESS

The MET facilitator fosters interpersonal relatedness through several types of behavior:

- ◆ **Empathetic reflective listening.** The facilitator should regularly indicate his/her understanding of the participant, and indicate that from the participant's perspective much of what the participant says makes sense. Nonetheless, the facilitator should foster the development of alternative perspectives by asking questions such as "Is there any other way to look at that issue?" It is critical that the facilitator understands how to do reflective listening, and have read, at least, Miller & Rollnick's discussion of this topic (in addition to completing MET training and treatment monitoring requirements).
- ◆ **Unconditional respect for the participant as a person.** It's extremely easy for facilitators to "diagnose" or "evaluate" participants and participant solutions to problems. Doing so and expressing these opinions often damages or belittles the participant. In MET, the facilitator respects the participant as a person, acknowledges that the participant is going to make his/her own decisions, and refrains from making directive recommendations for how the participant "should" proceed. The facilitator needs to clearly and regularly state these views, particularly in a correctional setting where participants will often be sent the message that they are incompetent, incapable and/or sociopathic.
- ◆ **Personal openness to options.** This behavior goes hand in hand with maintaining a non-judgmental attitude. Being open to, and not putting down, participant suggestions, solutions and action plans, and being willing to discuss them on their merits is an essential part of fostering relatedness and trust among participants.

HANDLING DISRUPTIONS

Despite communicating clear respect for participants as individuals, the facilitator should **not** allow inappropriate or disruptive behavior in the group meetings. If a participant is inappropriate or disruptive, the facilitator should ask him/her explicitly to maintain the group values of respect and caring for everyone in the group. The facilitator should **not** confront the participant publicly about his/her disruptive behavior, but should meet with the participant individually to express the facilitator's unhappiness and request that the participant not behave in such a fashion in the future.

Facilitators should remember that participants will be watching their every move to see if they are “practicing what they preach” in regard to respecting alternative viewpoints and allowing free and open consideration of options. To the extent that a facilitator closes off or sanctions group members, efforts to establish a safe, autonomy supportive environment will be fruitless. To the extent that a facilitator is able to maintain a supportive, caring, non-judgmental stance, efforts will be rewarded both by smoothly running groups and by participants who change in ways that are likely to make their lives healthier!

OTHER IMPORTANT FACILITATOR BEHAVIORS

In addition to the autonomy supportive behaviors just outlined, the facilitator should also try to follow another set of guidelines provided by Miller and Rollnick, and summarized by the acronym DARES.

Develop discrepancy. A major goal of the MET process, in addition to emphasizing personal choice and autonomy, is to assist participants in recognizing the obstacles that their substance use creates in obtaining the things they want in life. Whenever possible the facilitator should ask participants to focus on the difference between “how things in your life are now” and “how you would like your life to be,” and the role that changing substance use can play in making your life more the way you would like it to be.

Avoid argumentation. Often in group settings there will be one or more participants who actively disagree with the facilitator. It is **critical** that the facilitator avoid arguing with those individuals. The facilitator’s role is to help participants reach their own conclusions, not to impose a particular perspective. Research has shown that arguing can have extremely detrimental effects on motivation and subsequent treatment participation and completion. The facilitator should keep in mind that motivation for change is most likely to produce persistent follow-through behavior when it originates “internally,” that is, from the participant rather than from the environment. The facilitator’s goal is always to stimulate participants to “talk themselves” into a course of action.

Roll with resistance. This is an important corollary to avoiding argumentation. If a group member does not want to discuss a particular issue, or is reluctant to divulge personal material, the facilitator should respect the participant’s view, and not push for more than the participant is willing to give. Remember, the purpose of the group is **not** self-disclosure, but rather **self-exploration**, on one’s own terms and at one’s own pace. It is the participants who decide and control how much and how quickly they will change. The facilitator’s role is to provide and stimulate an atmosphere in which this self-determined process is possible and facilitated.

Express empathy. Participants will often lament how few choices they have, or how restricted their options are or have been in their lives. The facilitator should respond to such laments by first expressing empathy and understanding of the participant’s viewpoint, then subtly shifting to the possibility that this viewpoint could be expanded. This is best done by saying something to the effect that “yes, I can understand how difficult it must seem from where you sit to make any positive changes when your current situation is so negative, but I wonder if there are any positive options open to you?” or “you seem to feel you have no room to move and that’s a pretty tough place to be in. I wonder, though, if there are more options here than you’re aware of?” In all cases, it is important to remember that participants are almost certain to see the world differently than you do — after all, they are not you! The extent to which you communicate this understanding to participants will be the extent to which the group will run smoothly and productively.

Support self-efficacy. A corollary to the view that their options are limited for many participants will be the view that even if options are available they are incapable of taking effective action to change. The facilitator needs to be alert to any expressions of strength, positive actions (no matter how small) and positive intentions to change (again, no matter how small), and point them out and reinforce them.

A NOTE ON LITERACY

One or more of the participants in your program may have limited literacy skills. You should find out whatever you can about literacy levels from case management records, but also be alert as you observe participants early in the program. Some may have undocumented problems reading and writing. If there are participants with only limited literacy, compensate by ensuring that everything is read out loud, and by pairing them with helpful participants with better skills.

Handling Common Problem Situations

There are a number of responses/reactions to session materials that can present difficulties or problems for facilitators who are unfamiliar with how to handle them. Several are reviewed below. This list of problems is not exhaustive, and this manual is not a substitute for regular clinical supervision and discussion of session process with an experienced clinician who is familiar with motivational interviewing and MET. Nonetheless, this section provides some brief advice as to how the facilitator might respond to common reactions seen in correctional settings.

1. The “silent” participant. It is not unusual for one or more participants to sit in the group meetings and say little. There are several things the facilitator can do to address this, but public confrontation or coercive approaches should be avoided at all costs. Rather, silent participants should be approached outside the session, and their silence explored. Remind the participant that while active participation is not necessary, people often get more out of the group if they are willing to talk about some of their own experiences. Of course, it is always the participant’s choice whether or not to share information/thoughts/reactions, and the facilitator should indicate that s/he will respect the participant’s decision.

2. “You’ve never been in prison/drug court (or “you’ve never had an alcohol/drug problem”), how can you know what we’re going through?” This is a particularly difficult challenge for new facilitators, particularly ones who are either not in recovery themselves or who have never been incarcerated, to respond to gracefully. The most effective way to respond is to first acknowledge the truth of what has been said. Then, ask group members if any of them have ever struggled with anything in their lives besides substance use or criminal behavior? Has anyone ever had a weight problem? Tried to stop smoking? Tried to start an exercise program? Felt depressed or down and unable to get out of it? The point is that we all, as human beings, struggle with life, and that we can learn from each other’s struggles. No one of us can ever know exactly what it’s like for another person — each individual is an “expert” (in fact, the only expert!) on his/her experience. That being said, there are people that we turn to for the knowledge they bring to us from a different perspective — and that can be useful, even if that person’s knowledge isn’t derived from exactly the same experiences we’ve had ourselves.

3. “How can you say I have choices when I’m told what to do constantly? I don’t have any choices at all.” This statement confuses “choice” with “options.” While the range of possible options may (and is in prison/drug court) be severely limited (e.g., personal flexibility as to how time is spent) there is still, in every situation some possibility to exercise choice. The options between which a person may choose may not be the ones he/she would want to have available (the chocolate ice cream lover who is only offered vanilla and strawberry!), but there is always still a choice. Using the “ice

cream” example, ask participants what “choice” is available in that situation. Of course, the person can “choose” to eat one of the flavors available (not as good an option as chocolate, for that individual) or to not eat ice cream at all that day, or to request that chocolate be made available in the future, or to throw the food tray in the air in disgust, etc. In each of these cases, when the person does something (or nothing) he/she has exercised choice and autonomy.

4. “I’ve tried every way I can think of to change, and nothing’s worked.” Have you actually tried “everything”? Is there, perhaps, some course of action you haven’t known about or haven’t considered? Let’s look at that. Invite other participants to talk about their own experience solving problems in unusual ways (“has anyone ever found that they suddenly ‘clicked’ on a solution?”). It’s easy to get discouraged, but often people make several attempts to change strong behavior before they are fully successful. In a recent study by the Mayo Clinic of people who had quit smoking, the average number of quit attempts before full success was 9! So, keep plugging, you’ll get there eventually, especially if you have a strong commitment to change.

The
Motivational
Enhancement
Treatment
Sessions

The MET Sessions

This part of the manual provides detailed instructions for conducting the individual Institutional (2) and Community (1) MET sessions and the group Institutional/Community (5) MET sessions. These sessions form the program of motivational enhancement that can precede participant entry into any of a variety of substance abuse treatment modalities. The sessions vary in the degree to which they are “theatrical” versus “issue focused,” however, all sessions aim at encouraging participants to consider the “pros” and “cons” of substance use generally, and their own substance use in particular.

Experience has shown that sessions need to be long enough to allow group participation and to cover all of the material brought up by participants. With the exception of the individual sessions, which range from 55 to 70 minutes in length, all group sessions are 90 minutes long. The session descriptions consist of an **Overview** and the **Curriculum**. The facilitator should try to adhere closely to the timing and structure of each session in order to cover all the material intended. All handouts are included in the Session Materials part of this manual and may be duplicated as needed.

GENERAL GROUND RULES

There are a few general ground rules for the group sessions that should be reviewed at the beginning of each session just prior to delivering the session rationale. These ground rules are:

1. Treat all people and points of view with respect, regardless of whether you agree with them or not. Your beliefs/views may sound silly or weird to someone else!
2. Give feedback only if the other person grants you permission to do so. If you have a comment about another group member’s views or behavior, you ask their permission to give your opinion before voicing it. If the other person refuses, keep your opinion to yourself.
3. No violence.
4. Come to group “straight.”
5. Everything that you hear in the group should remain in the group.

1.
Individual
“Priming”

Session

1. Individual “Priming” Session

Overview

Note to Facilitators: Prior to this session, prepare brief notes (about one page) that highlight the key findings observed while conducting the comprehensive assessment interview for the appropriate DSAT Community Program (i.e., Level 1-5). A comprehensive assessment interview must be conducted on all participants prior to starting the MET intervention.

PURPOSE

To introduce each participant to the MET session format and the decisional balance concept prior to the group sessions.

OBJECTIVES

To encourage participants to:

- ◆ Understand MET ground rules;
- ◆ Understand and apply the decisional balance tool to current concerns with respect to substance use; and
- ◆ Express concerns regarding changing substance use during the session.

MATERIALS

Readiness to Change Rulers (Substance Use/Treatment) worksheet
 Decisional Balance worksheet
 MET Ground Rules handout

Note to Facilitators: Review “Instructions Concerning Readiness to Change Ruler” prior to beginning this session. This information sheet is included in the Session Materials part of this manual.

SESSION OVERVIEW

Activity	Timing
1. Introduction and Rationale	5 minutes
2. The Readiness to Change Ruler	15 minutes
3. Typical Day on the Street	20 minutes
4. Introduce Group Ground Rules	10 minutes
5. Introduce Decisional Balance	10 minutes
6. Wrap-Up	10 minutes

1. Individual “Priming” Session Curriculum

1 Introduction and Rationale

5 minutes

SAY:

I’m glad we could get together to talk about your alcohol and drug use and begin to develop some ways of addressing them.

I want to start off by saying that this session, and the groups that you’ll be coming to later, are designed to help you decide **for yourself** what the best course of action is for you. I’ll have an opinion at times, and will let you know what it is, but **you** will be the one making the choices and decisions.

The goal is to provide a place where you and the other members of the group can do some thinking about the role of alcohol and drugs in your lives and make some decisions about whether or not you want to change your use of substances, and if so, whether or not you want to change by going to treatment.

While there may be other people who are pressuring you to stop drinking or drugging, or to enter treatment, I won’t be doing that. My job is to help you think things through **for yourself**, to help you focus on what’s the best course of action **for you**, and what the likely consequences of any course of action you decide on might be.

I know this is a little different from how people have treated you since you’ve been incarcerated, but we know that this approach is very helpful to people in making effective decisions about their lives.

How does that sound to you?

Allow participant time to react to what you’ve just said.
Then, move on to next segment.

2 The Readiness to Change Ruler

15 minutes

SAY:

I would like you to think briefly about the possibility of changing your substance use behavior, either by cutting back or by stopping. To do this I'd like to have you rate yourself on this sheet.

 **DISTRIBUTE: Readiness to Change Rulers (Substance Use/Treatment) worksheet.**

SAY:

This sheet has a rating scale on it that indicates the degree to which you are ready to change your substance use behavior, as of today. This rating scale is to provide you with a better idea on how you feel about change and treatment. I'd like you to take a few minutes to rate yourself on each of the scales.

Quickly review the scales with the participant then allow the participant to complete the worksheet, and then review it with the participant.

SAY:

The answers you provided on the “Readiness Ruler” show that you are (*facilitator insert one of: not ready, not sure, or ready*) about changing your substance use.

Also, you are (*facilitator insert one of: ready, not sure, or ready*) about entering and completing treatment.

Introduce discussion by **ASKing**:

What are your views about your answers on the Readiness Ruler?

DISCUSSION

SAY:

It might be helpful to learn a bit more about your substance use history.

3 A Typical Day on the Street

20 minutes

SAY:

Now, I'd like to ask you about how things were for you when you were on the street, especially with respect to your alcohol and drug use. Tell me, what was a typical day like for you?

If participant has difficulty thinking of a typical day, or resists —

SAY:

Well, tell me about a day in your life just before you were arrested. Did you drink or use drugs that day? What happened?

Reflect participant statements, particularly ones that suggest there might be a problem area emerging, using reflective listening techniques. Continue discussion until a typical day has been explored or until 20 minutes has passed. The goal is to encourage the participant to fully explore and elaborate on their substance use patterns, particularly areas whereby the participant acknowledges problematic use.

4 Introduce Group Ground Rules 10 minutes

SAY:

It seems as though there are a number of concerns you might have about how your alcohol or drug use has affected your life. This program will help you focus in some more on the effect your alcohol or drug use has had, and whether and how to change your use, should you decide to do so. We’ll be meeting in small groups to discuss these issues. Have you ever been in a counseling group before?

Allow the participant time to respond and briefly review participant’s prison group experiences, if any.

 **DISTRIBUTE: MET Ground Rules handout.**

Review ground rules with participant, asking for impressions after each rule is presented.

5 Introduce Decisional Balance 10 minutes

SAY:

One of the things we will be doing most often in the group is what we call a “Decisional Balance” exercise. This exercise helps to put alcohol and drug use, as well as changing and how to change, in perspective. Every decisional balance exercise uses the same format, which is shown on this sheet.

 **DISTRIBUTE: Decisional Balance worksheet.**

 **Note to Facilitators:** The second sheet behind the Decisional Balance worksheet provides a “sample” on the order to use when filling out the form.

SAY:

You can see that this sheet is divided into four columns and two rows (point to each). The columns are for the “pros” or “advantages” of a particular behavior, or the “cons” or “disadvantages” of a particular behavior. The rows refer to “changing” or “remaining the same” with respect to that behavior. Do you see how that’s set up on this sheet?

Since we’ll be using this a lot during the group sessions, I’d like to go through one briefly with you, just so you can get the hang of it.

Is that OK with you?

If participant says OK proceed to complete a few items in each cell with respect to stopping or not stopping an unhealthy behavior the participant names.

If the participant refuses to complete a decisional balance —

SAY:

That’s fine, you’ll get a chance to see how these are done during the group sessions. Do you have any other questions or concerns that you’d like to mention before we wrap-up?

6

Wrap-Up

10 minutes

SAY:

We’re just about out of time, I’d like to just summarize the results from your comprehensive assessment that we completed before we met today. In addition, I will summarize what we’ve done today and tell you about the rest of the program schedule.

Summarize the key findings from the comprehensive assessment (within 5 minutes). Some key areas you may select from:

1. Severity score;
2. Substance use patterns — first use, primary substance used, volume of use;
3. Substances identified as a problem;
4. Treatment history;
5. Relapse history;
6. Substance use and crime; and,
7. Level of social support.

Quickly summarize what has been done during the one-to-one session, individualizing feedback by referring to specific issues the participant has brought up.

1. INDIVIDUAL “PRIMING” SESSION

Tell participant the date, time and place of the first group meeting and ask participant if they will be attending the group sessions.

2.

Individual
“**E**nd
Treatment”

Session

2. Individual “End Treatment” Session

Overview

Note to Facilitators: Prior to this session prepare a Feedback Sheet that provides a recapitulation of assessment feedback regarding substance abuse severity and patterns of use, treatment behavior and performance observations. This end treatment session traces the participant's progress from the initial assessment to the post-treatment MET session in which she or he is now a participant.

PURPOSE

Provide a wrap-up to the assessment and treatment processes that have just been completed.

OBJECTIVES

- ◆ Chart the participant's progress through the assessment and treatment processes by using a recapitulation.
- ◆ Explore the "good things" and the "not-so-good things" about change.
- ◆ Complete a Decisional Balance regarding change.
- ◆ Establish and support the participant's commitment to change and commitment to maintaining the changes that he or she has made.
- ◆ Support self-efficacy, in particular if any ambivalence about change is voiced by the participant.

MATERIALS

Feedback Sheet (Include notes that summarize assessment and treatment findings as discussed above.)

Good Things/Not-so-good Things About Change worksheet

Decisional Balance worksheet

Readiness to Change Ruler (Behavior)

Note to Facilitators: Review the “Facilitator’s Instructions on the Readiness Ruler” prior to beginning this session. This information sheet is included in the Session Materials section of this manual.

SESSION OVERVIEW

Activity	Timing
1. Introduction	5 minutes
2. Recapitulation	15 minutes
3. Good Things/Not-so-good Things About Change	10 minutes
4. Decisional Balance for Change	10 minutes
5. Checking on Commitment to Change/Maintenance	5 minutes
6. What is the next step?	5 minutes
7. Wrap-Up, Questions, Comments, and Goodbye	10 minutes

Note to Facilitators: Session length is a maximum of 55 minutes. The session could be shorter given that it is a recapitulation of the assessment and treatment processes. If it runs for 55 minutes then it will likely be due to the participant's discussion of his/her experiences and the facilitator's reinforcement of the positive things the participant shared about the assessment and treatment processes and the behavior changes that have been effected. More time should also be devoted to clients based on the complexity of their situation.

2. Individual “End Treatment” Session Curriculum

1 Introduction 5 minutes

SAY:

I’m (*your name*). I’m glad you could meet with me today. It’s nice to meet you/see you again. I’d like to spend some time talking with you about your assessment and treatment experiences and see how things were for you during the treatment program. I’d like to know your thoughts about how alcohol/drugs apply to you, know your thoughts about behavior change, and how you see yourself in the future when you think of substance use and the changes that you’ve made so far. This session is a wrap-up to the assessment and treatment in which you’ve participated. Each of us will get an idea of where you were, what you’ve done, and where you’re heading in relation to substance use. We will also have time to discuss any questions or concerns that you might have after getting this far.

How does this sound to you? Is there anything that you’d like to change or add to the session’s activities?

Allow participant time to react to what you’ve just said, then move on to the next segment.

2 Recapitulation 15 minutes

Note to Facilitators: The recapitulation is a major summary of the participant’s assessment feedback and his/her treatment behavior and performance for the purpose of looking at what to do next. Highlights and central themes are all that needs to be covered in the recapitulation. You want to establish as many reasons for change as possible while still acknowledging client ambivalence.

SAY:

I’d like to begin by reviewing some of your assessment and treatment information. This will give us an idea of how you’ve come along to get to where you are right now. How does that sound to you?

Respond to any questions or concerns and then provide the recapitulation.

At the end of the recapitulation,

ASK:

Did that sound right?

Then, **ASK:**

Did I leave anything out of the summary that is important?

Discuss the recapitulation with the participant.

ASK:

What are your impressions of the assessment process?

Use reflective listening to reinforce his/her experience.

ASK:

What are your impressions of treatment?

Listen reflectively and support his/her experience.

If treatment progress noted, **ASK:**

What are your impressions after having changed your behavior?

If no or little treatment progress noted, **ASK:**

What are your impressions of how you might like to change your behavior?

Reinforce his/her experience by using reflective listening. Throughout this questioning and active listening, ask the participant to elaborate (e.g., *Tell me more about that.*) on important disclosures, positive or negative. Reframe negative experiences and reinforce positive experiences.

3 Good Things/Not-so-good Things About Change 15 minutes

 **DISTRIBUTE: Good Things/Not-so-good Things worksheet**

SAY:

To help us wrap things up, I wonder if we could spend some time looking at your experience of changing your behavior. How does that sound?

We can look at what you've liked, the **Good Things** and what you've disliked, the **Not-so-good Things** about changing your behavior. Let's start with the good things that you experienced while changing your behavior. What are some of the good things that you experienced while changing your behavior?

Write the participant's responses on the worksheet. Reflect participant statements and ask for elaboration when necessary (e.g., *Tell me more about that.*). After all of the good things about change have been covered, provide a summary of the participant's "good things about the change process."

ASK:

Does the summary sound right?

SAY:

Now lets look at the Not-so-good Things about changing your behavior. Tell me the things that were not-so-good that you experienced while changing your behavior.

Write the participant's responses on the worksheet. Reflect participant statements and ask for elaboration when necessary (e.g., *Tell me more about that.*). After all of the not-so-good things about change have been covered, provide a summary of the participant's not-so-good things about the change process.

ASK:

Does the summary sound right?

When the exercise is completed or when 10 minutes have elapsed, summarize the good things and the not-so-good things that the individual shared about changing his/her behavior.

ASK:

Is there anything important that I left out of the summary?

SAY:

It might be useful to complete a Decisional Balance sheet about the change process. This will provide a brief review during this wrap-up. Is this OK with you?

4 Decisional Balance for Change

10 minutes

 **DISTRIBUTE: The Decisional Balance worksheet.**

SAY:

This sheet should look familiar. Let's review it briefly. The columns represent the “pros” or “good things” about a particular behavior and the “cons” or “not-so-good things” about the same behavior. The rows refer to “changing” or “remaining the same” with respect to that behavior.

Proceed with the Decisional Balance worksheet by entering "Changing my substance use." in the area provided for “Behavior Being Evaluated.”

SAY:

Let's begin by having you list the good things about changing your substance use.

Be prepared to provide assistance with writing if the participant has literacy problems.

After finishing this segment,

ASK:

Now, let's have you list the not-so-good things about changing your substance use.

Continue until the participant is finished or 10 minutes have elapsed. There should be at least one item in each cell of the worksheet.

If (and it is highly unlikely) the participant refuses to complete a decisional balance, then use your reflective listening skills and rapport to see if the two of you can resolve the situation. Ask for elaboration so that you understand his/her position. If there is no movement of the participant's position in favor of completing the exercise then go to the next exercise.

5 Checking on Commitment to Change/Maintenance 15 minutes

SAY:

Before we wrap-up, it would be good to see where you are now with changing your substance use. To do this, I'd like you to show me where you would place yourself on this sheet.

 **DISTRIBUTE: Readiness to Change Ruler (Behavior).**

SAY:

You might remember having seen a sheet like this before. To review, this sheet has a scale that shows how ready someone is to change his/her substance use. This gives us an idea of where you are in the substance use change process right now. I'd like you to make a mark on the scale at the place where you see yourself. Do you have any questions about what I'd like you to do?

After the scale is completed,

SAY:

The mark that you placed on the Readiness Ruler shows us that you are (*facilitator insert one: Not ready to change, Ready to change, Struggling with changes made during treatment, Maintaining changes made during treatment*) in relation to your substance use.

Discuss the meaning of the findings from this exercise with the participant.

6 What is the next step?

5 minutes

SAY:

Before we finish off the session, I'd like to know what is the next step for you?

Use your reflective listening skills to work with the participant. Be positive, supportive, and optimistic. Support self-efficacy.

If she or he does not know what the next step is, then

ASK:

Do you have any goals or wishes for the future regarding you and substance use?

Use your reflective listening skills to work with the participant. Be positive, supportive, and optimistic. Support self-efficacy.

7 Wrap-Up, Questions, Comments, and Goodbye 15 minutes

SAY:

With the time remaining in the session I'd like to summarize what has taken place.

Provide a summary.

ASK:

Did I leave anything important out of the summary?

ASK:

After all that we've done today, do you have any questions or comments?

Respond to questions or comments with either answers or reflective listening. Then, when no other questions or comments remain,

SAY:

Thank you (*name of participant*) for coming today. It was nice working with you. I'd like to wish you good luck in your future.

Smile and shake hands.

1.

Individual
“Initial and
Mid-Treatment”

Session

1. Individual “Initial and Mid-Treatment” Session Overview

Note to Facilitators: Prior to this session prepare a Feedback Sheet (about one page of notes) highlighting the key issues to be addressed in this session. If this is the **Initial** Session with the participant, the notes should contain results from the computerized screening assessment (CSA) and comprehensive assessment (CA) including severity scores and ranges and a brief overview on reported use of alcohol and/or other drugs

If this is a **Mid-Treatment** session aimed at enhancing motivation for continuing in treatment or enhancing treatment participation, the notes should consist of observations of the participant’s behavior during treatment. However, because MET is designed to place the onus on the participant to make decisions based on the “pros” and “cons” of treatment as the participant sees them, these observations should be fed back minimally to the participant.

PURPOSE

To introduce each participant to MET and the decisional balance technique (Initial Session), or to using the decisional balance technique (Mid-Treatment Session), to address issues of level of participation/continuation in treatment.

OBJECTIVES

To encourage participants to:

- ◆ Begin systematic exploration of the short- and long-term “pros” and “cons” of substance abuse treatment;
- ◆ Introduce participants to the decisional balance tool as a way of deciding whether “pros” outweigh “cons” for treatment;
- ◆ Express concerns about treatment and/or changing substance use in an accepting, open environment;
- ◆ Make a commitment to further action;
- ◆ Understand MET group session ground rules.

MATERIALS

Feedback Sheet (CSA and CA results)
Decisional Balance worksheet
Good Things/Not-so-good Things About Treatment worksheet
MET Ground Rules
Readiness to Change Rulers (Substance Use/Treatment)

1. INDIVIDUAL “INITIAL AND MID-TREATMENT” SESSION

Note to Facilitators: Review the “Facilitator’s Instructions on the Readiness Ruler” prior to beginning this session. This information sheet is included in the Session Materials section of this manual.

SESSION OVERVIEW – INITIAL SESSION

Activity	Timing
1. Introduction	5 minutes
2. Feedback	10-15 minutes
3. Typical Day	10-15 minutes
5. Decisional Balance	10-15 minutes
6. MET Ground Rules	5 minutes
7. Eliciting Concerns	5 minutes
8. Eliciting Commitment	5 minutes
9. Wrap-Up	5 minutes

SESSION OVERVIEW – MID-TREATMENT SESSION

Activity	Timing
1. Introduction	5 minutes
3. Typical Day	10-15 minutes
4. Good Things/Not-so-good Things	10-15 minutes
5. Decisional Balance	10-15 minutes
7. Eliciting Concerns	5 minutes
8. Eliciting Commitment	5 minutes
9. Wrap-Up	5 minutes

Note to Facilitators: Session length may vary from a minimum of 55 minutes to a maximum of 70 minutes depending on the nature and extent of issues raised by the participant. On average, however, the session should last about an hour for the typical participant. The facilitator should use his/her clinical judgment in deciding whether/how extensively to pursue issues raised by the participant. Remember, the goal is to stimulate the participant’s thinking and produce any movement in motivation toward change.

1. Individual “Initial and Mid-Treatment” Session Curriculum

Note to Facilitators: Material in [brackets] is to be used for Mid-Treatment sessions only.

1 Introduction

5 minutes

SAY:

I’m (your name). I’m glad you could meet with me today. I’d like to spend some time talking with you about your alcohol/drug use (NOTE: be sure to check if alcohol only) [and how things are going with you in this treatment program]. I’d like to get a sense of what your views are about how things are going in your life with respect to alcohol/drugs, and how you see things unfolding for you in the future. I’d like to start off by saying that this session is designed to help **you** decide for yourself what to do about alcohol/drug use [and treatment]. I’ll have an opinion, at times, and will let you know what it is, but **you** will be the one making the choices and decisions.

My goal is to provide a place where you can start thinking about the role of alcohol and drugs [treatment] in your life, and make some decisions about whether you want to change your use of substances [continue to participate in treatment].

While there may be other people pressuring you to stop drinking or drugging, or to stay in treatment, I won’t be doing that. My job is to help you think things through **for yourself**, to help you focus on the best course of action **for you**, and what the likely consequences of any choices you make might be.

I know this is a little different from how people have treated you since you were arrested, but we know that this approach is very helpful to people in making effective decisions about their lives.

How does this all sound to you?

Allow participant time to react to what you’ve just said, then move on to the next segment.

2 Feedback (Initial Session)

15 minutes

Note to Facilitators: If are delivering an Initial Session, start with the Feedback segment and then move on to complete the Typical Day segment. If you are delivering a mid-treatment session, then deliver the Typical Day segment only.

Note on Feedback Sheet: In advance of the individual session, prepare a Feedback Sheet that includes the following types of key information to present to the participant:

1. Severity score;
2. Substance use patterns — first use, primary substance used, volume of use;
3. Substances identified as a problem;
4. Treatment history;
5. Relapse history;
6. Substance use and crime; and,
7. Level of social support.

SAY:

I'd like to start by going over with you the results of the assessment you did before coming today — remember all those papers you filled out and the questions you answered? Those were designed to help me and you get a clearer understanding of your substance use. Would you like to hear what they showed?

Hand participant the Feedback Sheet (that the DSAT facilitator prepares in advance of this session) with assessment results presented clearly on the sheet.

Here is a summary sheet that shows what your scores were.

Review the Feedback Sheet with the participant, explaining the information that was collected (based on the computerized screening assessment and the comprehensive assessment interview) and allowing him/her to comment on the results. Remember to use reflective listening and be empathetic and respectful of the participant's viewpoint.

Once all scales have been reviewed

SAY:

We've gone over a lot of information just now, and some of it may have been a bit surprising to you. There's a lot to think about, isn't there?

Reflect participant statements and concerns, particularly ones that suggest there might be a problem area emerging, using reflective listening techniques.

Proceed to Typical Day segment.

3 A Typical Day

10-15 minutes

SAY:

I’d like to hold this information to one side right now, and spend a few minutes talking about how your life is going right now and how alcohol/drugs fit in. I’d like to do this by having you tell me about a Typical Day in your life — nothing out of the ordinary, just an ordinary day. Is that OK? Good, then tell me, what time do you get up in the morning? What’s a typical day like for you?

If participant has trouble thinking of a typical day, presents a day in which there was no alcohol/drug use, or resists —

SAY:

Well, perhaps you could tell me about a recent day in your life when you used alcohol/drugs. Were you arrested? What happened?

Reflect participant statements, particularly ones that suggest there might be a problem area emerging, using reflective listening techniques. Continue discussion until a typical day has been discussed or 15 minutes has passed. The goal is to encourage the participant to fully explore and elaborate on their substance use patterns, particularly areas in which the participant acknowledges problem use.

Note to Facilitators: If this is an Initial Session proceed to the Decisional Balance segment. If this is a Mid-Treatment Session proceed to the Good Things/Not-so-good Things segment.

4 Good Things/Not-so-good Things About Treatment (Mid-Treatment)

10-15 minutes

Note to Facilitators: This segment is used **only** with participants who are being seen for an individual motivational session mid-treatment.

 **DISTRIBUTE: Good Things/Not-so-good Things worksheet**

SAY:

Well, it seems like alcohol/drugs still are playing an important role in your life, and that you’re having second thoughts about treatment. I wonder if we could spend some time looking at how you’ve experienced the treatment process so far. Is that OK?

I’d like to look specifically at what you’ve liked, the **Good Things** and what you’ve disliked, the **Not-so-good Things** about treatment. Let’s start with the downside, what are some of the things you dislike about treatment? How do they affect you?

Reflect participant statements and concerns, using an empathetic reflective listening style. Be careful not to argue with the participant, but rather simply reflect and empathize with his/her concerns.

SAY:

It sounds like treatment has had some real downsides for you. Has there been anything positive about the experience, anything you’ve gotten out of treatment so far?

Write both Not-so-good Things and Good Things down for the participant as they emerge. Again reflect and empathize. If participant resists, ask what kept him/her coming this long and reframe that into a positive (i.e., “I wanted to keep the judge off my back” could be reframed to “so one good thing about treatment is that it’s helped you avoid having to go back to court.”) When participant has finished or when 15 minutes have elapsed:

SAY:

So, it sounds like there have been some positives to treatment for you. I wonder how you see treatment now, after our discussion? I wonder if it might not be useful to do a Decisional Balance sheet about whether or not to continue in treatment, just to make sure we’ve covered everything. Is that OK?

Proceed to **Decisional Balance** segment.

5 **Decisional Balance**

10-15 minutes

Note to Facilitators: This segment is administered in both the Initial Session and in Mid-Treatment Session. The only difference is in the content and focus of the “pros” and “cons” elicited and written down on the Decisional Balance worksheet.

SAY:

The Decisional Balance worksheet helps to systematically put things like *alcohol or drug use [treatment]* in perspective.

DISTRIBUTE: The Decisional Balance worksheet.

SAY:

You can see that this sheet is divided into four columns and two rows (*point to each*). The columns are for the “pros” or “good things” about a particular behavior, or the “cons” or “not-so-good things” about a particular behavior. The rows refer to “changing” or “remaining the same” with respect to that behavior. Do you see how that is set up on the sheet?

(*For Initial Session Only*) Since we’ll be using this during both of our MET group sessions, I’d like to go through one briefly with you, just so you can get the hang of it. Is that OK?

Proceed with completing the Decisional Balance worksheet entering either “alcohol/drug use” (for Initial Session) or “treatment as a way to change my substance use” (for Mid-Treatment Session) in the area provided for “Behavior Being Evaluated.” Ask participant to list at least two, preferably three or more, “pros” of staying the same, then “cons” of (changing), “cons” of (staying the same) , and end with “pros” of changing. Continue until all cells are filled or 15 minutes has elapsed (up to 20 minutes for Mid-Treatment session). Attempt to get at least one item in each cell of the worksheet.

If the participant refuses to complete a decisional balance —

SAY:

That’s fine. I’d still like you to think about these issues between now and our next session. Will you take the Decisional Balance worksheet and look it over between now and then?

Proceed to MET Ground Rules (Initial Session) or Eliciting Concerns (Mid-Treatment).

6 MET Ground Rules (Initial Session)

5 minutes

SAY:

It seems like there are lots of reasons to change or not, and there are a number of concerns you have about your alcohol/drug use. This program will help you focus in some more on the effect your alcohol/drug use has had and whether and how to change your use, should you decide to do so. Remember, changing or not is **your** choice.

We’ll be meeting for three to four group sessions to go over issues about changing. We’ll be meeting in small groups to discuss these issues. Have you ever been in a counseling group before?

Allow the participant time to respond and briefly review participant’s prior group experiences, if any.

📄 **DISTRIBUTE: MET Ground Rules handout.**

Review ground rules with participant, asking for impressions after each rule is presented.

Proceed to Eliciting Concerns segment.

7 **Eliciting Concerns**

5 minutes

SAY:

We’ve covered a lot of ground today, and we’re just about coming to the end of our session. Are there any special concerns you have that we haven’t talked about today?

Allow participant time to express concerns. If none are expressed proceed to Eliciting Commitment. If participant has concerns, reflect, empathize and

SAY:

Those are all legitimate concerns. Many of them we’ll be talking about in the next two group sessions. I appreciate you letting me know about them.

Proceed to Eliciting Commitment segment.

8 **Eliciting Commitment**

5 minutes

SAY:

Before we wrap-up, I’d like to get a sense of where you stand now with respect to changing [staying in treatment]. To do this, I’d like to have you rate yourself on this sheet.

📄 **DISTRIBUTE: Readiness to Change Rulers (Substance Use/Treatment)**

SAY:

This sheet is a rating scale that indicates the degree to which you are ready to change your substance use behavior [remain in treatment]. This rating scale is to provide you with a better idea of how you feel about change and treatment right now. I’d like you to take a minute to rate yourself on each of the scales.

Quickly review the scales with the participant and then allow the participant to complete the worksheet, then review it with the participant.

SAY:

The answers you provided on the Readiness Ruler show that you are (*facilitator insert one: ready, not sure, not ready*) about changing your substance use.

Also, you are (*facilitator insert one: ready, not sure, not ready*) about entering [remaining] or completing treatment.

Remember, it’s your choice how you proceed. I hope that in the next two groups you’ll get a chance to look at how things stand for you now and make an informed decision about what to do.

Proceed to Wrap-Up.

9

Wrap-Up

5 minutes

SAY:

We’re just about out of time. I’d like to briefly summarize what we’ve talked about today.

Summarize the key findings from the CSA/CA for Initial Sessions, or the discussion about continuing treatment for Mid-Treatment Sessions. Conclude by summarizing the results of the Decisional Balance and Readiness to Change Ruler exercises.

Tell the participant the date, time and place of the first MET group meeting (or next treatment session) and ask participant if they will be attending.

1.
“**L**ooking at
Alcohol and Drugs
from
Both Sides”

Group Session

1. "Looking at Alcohol and Drugs from Both Sides" Group Session

Overview

PURPOSE

Begin the process of motivating participants to fully consider the pros and cons of substance use and alternative healthy behaviors that replace substance use.

OBJECTIVES

To encourage participants to:

- ◆ Consider the pros and cons of their substance use;
- ◆ As a group, consider alternatives to substance use;
- ◆ Engage in discussion within the MET Ground Rules.

MATERIALS

Flipchart or blackboard
Decisional Balance sheets: One for each participant plus two additional for each small group.
Pencils

SESSION OVERVIEW

Activity	Timing
1. Review of Ground Rules	5 minutes
2. Statement of Rationale and Discussion	10 minutes
3. Personal Decisional Balance	10 minutes
4. Group Decisional Balance	45 minutes
5. Debriefing: Has your thinking changed?	15 minutes
6. Wrap-Up	5 minutes

1. "Looking at Alcohol and Drugs from Both Sides" Group Session Curriculum

1 Review of Ground Rules 5 minutes

SAY:

Welcome to our first group session. I want to start by briefly going over the group ground rules that I discussed with each of you in our individual sessions.

Have someone from the group read ground rules. Ask if there are any questions and address them.

2 Statement of Rationale and Discussion 10 minutes

SAY:

During our individual session we introduced an exercise that looked at the pros and cons of using or not using drugs or alcohol. Some of you may remember completing this pros/cons exercise. We looked at this because we know that people don't change unless they really want to. That is, each person has to perceive that there is a benefit for them to change. You had a chance to think whether you really want to change your alcohol/drug use, and why you might want to change.

You are the person responsible for deciding how and what to change. While others may be putting pressure on you to change, the ultimate choice is yours. We hope you will make that choice with a full knowledge of the potential "good things" about changing, as well as some of the potential "not-so-good things" about changing.

Now we are meeting as a group, it may be useful to go through some group exercises to help you clarify your thinking about change. Are there any questions before we get started?

3 Personal Decision Balance

10 minutes

Explain exercise.

For this exercise, each of you will first complete your own Decisional Balance, similar to the one we did in the individual sessions. Next, we're going to divide up into two groups and merge our individual Decisional Balance exercise sheets into one large group sheet. One group will focus on the "pros" or "good things" about using, the other will focus on the "cons" or "not-so-good things" about using.

We also want to be a bit more detailed. Some pros or cons happen right away or within a few minutes/hours of using ("short term"), while others take a while to happen, often days, months or years ("long term"). Let's look at an example.

Suppose you were thinking about having a dish of your favorite ice cream, but you're also a bit concerned about your weight. What might be a "short-term" "pro" or reason to eat that ice cream? What might be a "long-term" "pro" or reason to eat the ice cream? What would a "short-term" "con" or reason to not eat the ice cream. How about a "long-term" "con"?

You may use any example that has both short- and long-term positive ("pros") and negative ("cons") consequences. Elicit one example of each type of pro and con (short term and long term) from the group, then ask if there are any questions about what they are to do.

 **DISTRIBUTE: Decisional Balance Worksheets.**

Allow participants to work on their individual Decisional Balance worksheets until all have completed them or 10 minutes have passed.

4 Group Decisional Balance Exercise

45 minutes

SAY:

Now that you've each written down some personal pros and cons of using, I want to have us get together in two groups to put together what we've written, and to try to come up with more pros and cons.

I want one group (*indicate*) to focus on generating as many "pros" or reasons to use drugs, both in the short term and the long term as you can. You can refer to your own personal decisional balance sheets for ideas.

I'd like the other group (*indicate*) to focus on generating as many "cons" or reasons to NOT use drugs as you can. You can refer to your own personal decisional balance sheets for ideas.

As you come up with pros and cons I'd like you to brainstorm "uncritically." That is, I'd like you to include genuine pros or cons on your list even if you think they aren't very likely to happen. We're looking for lots of ideas here. You can refer to your own personal Decisional Balance worksheets for ideas to put together in your sub-group.

Each group should have one person who is responsible for writing down all of the ideas that come up on the Decisional Balance worksheet I've given each group.

Are there any questions?

Allow groups to brainstorm for 45 minutes. It will be helpful for you to sit in with each group for about 20 minutes each to assist if they get "stuck" in their brainstorming.

Once each group has finished, ask each group's representative to write down the pros or cons their group came up with in the larger Decisional Balance worksheet on the blackboard or flipchart.

When both groups have finished writing pros and cons, end the exercise and proceed to Debriefing.

5 Debriefing: Has your thinking changed? 15 minutes

SAY:

OK, good. Now you can see we have lots of pros and cons, both short-term and long-term up here. I wonder what you make of all this?

Spend the remaining time discussing the pros and cons that have been generated asking questions such as "how important is each of these things?" "to what degree does how important a pro or con is influence your decision about using?" "have you made any changes in how you view using as a result of seeing all these pros and cons up here?" "do you think you might be more ready to change your use than you were before?"

At the end of 15 minutes, proceed to Wrap-Up

6 **Wrap-Up**

5 minutes

SAY:

We've certainly generated a lot of food for thought today! I hope you'll continue to think about the pros and cons of using, both short and long term between now and our next session. Next time we're going to focus on the question "with all the information I have now about pros and cons of using, is it worthwhile for me to change my alcohol/drug use, or should I keep things the same as they have been? Does anyone have any questions or comments about what we've done today?"

Announce the date, time and place of the next meeting, ask if there are any final questions, answer them, then conclude the group.

2.

“To Change or
Not to Change
That is the
Question!”

Group Session

2. "To Change or Not to Change: That is the Question!" Group Session Overview

PURPOSE

Begin the process of motivating participants to fully consider the pros and cons of changing their substance use and alternative healthy behaviors that replace substance use.

OBJECTIVES

To encourage participants to:

- ◆ Consider the pros and cons of changing their substance use;
- ◆ As a group, generate a variety of short and long-term consequences of changing/not changing substance use.
- ◆ Conduct a group discussion of the pros and cons of change.
- ◆ Engage in discussion within the MET Ground Rules.

MATERIALS

Flipchart or blackboard
Decisional Balance Sheets: One for each participant plus two additional for each small group.
Pencils

SESSION OVERVIEW

Activity	Timing
1. Review of Ground Rules	5 minutes
2. Statement of Rationale and Discussion	10 minutes
3. Personal Decisional Balance	10 minutes
4. Group Decisional Balance	45 minutes
5. Debriefing: Has your thinking changed?	15 minutes
6. Wrap-Up	5 minutes

2. “To Change or Not to Change: That is the Question!” Group Session Curriculum

1 Review of Ground Rules 5 minutes

SAY:

Welcome to our second group session. I want to start by briefly reviewing the group ground rules that we followed last time.

Have someone from the group read ground rules. Ask if there are any questions and address them.

2 Statement of Rationale and Discussion 10 minutes

SAY:

Last time we looked at the pros (“good things”) and cons (“not-so-good things”) of using or not using drugs or alcohol. We looked at this because we know that people don’t change unless they really want to. That is, each person has to perceive that there is a benefit for them to change. You had a chance to think about if you really want to change your alcohol/drug use, and why you might want to change.

Today we’re going to shift gears and look directly at the question of whether or not to change, and what might be in it for you if you change/don’t change, as well as what the downside of changing/not changing might be. Are there any questions before we get started?

3 Personal Decisional Balance 10 minutes

Explain exercise.

For this exercise each of you will first complete your own Decisional Balance, similar to the one we did last session. Next, we’re going to divide up into two groups and merge our individual Decisional Balance exercise sheets into one large group sheet. One group will focus on the “pros” or “good things” about changing substance use, the other will focus on the “cons” or “not-so-good things” about changing substance use.

As we did last time, we also want to be a bit more detailed. Some “pros” or “cons” happen right away or within a few minutes/hours of using (“short term”), while others take a while to happen, often days, months or years (“long term”). Is this still clear in your mind from last time — the difference between short-term and long-term pros and cons? Can someone give me an example of a short-term consequence? How about a long-term one?

Elicit one example of each type of pro and con (short term and long term) from the group, then ask if there are any questions about what they are to do.

 **DISTRIBUTE: Decisional Balance Worksheets.**

SAY:

Here is a Decisional Balance work sheet for each of you. Remember, this time, you are going to try to come with short-term and long-term pros and cons of “changing” your substance use. Changing can mean either drastically reducing or stopping altogether. Is everyone clear about what I’m asking you to do?

Allow participants to work on their individual Decisional Balance Worksheets until all have completed them or 10 minutes has passed.

4 **Group Decisional Balance Exercise**

45 minutes

SAY:

Now that you’ve each written down some personal pros and cons of changing your substance use, I want to have us get together in two groups to put together what we’ve written, and to try to come up with more pros and cons.

I want one group (*indicate*) to focus on generating as many “pros” or reasons to change your substance use, both in the short term and the long term as you can. You can refer to your own personal decisional balance sheets for ideas.

I’d like the other group (*indicate*) to focus on generating as many “cons” or reasons to NOT change your substance use as you can. You can refer to your own personal decisional balance sheets for ideas.

As you come up with pros and cons I’d like you to brainstorm “uncritically.” That is, I’d like you to include genuine pros or cons on your list even if you think they aren’t very likely to happen. We’re looking for lots of ideas here. You can refer to your own personal Decisional Balance worksheets for ideas to put together in your sub-group.

Each group should have one person who is responsible for writing down all of the ideas that come up on the Decisional Balance worksheet I've given each group.

Are there any questions?

Allow groups to brainstorm for 45 minutes. It will be helpful for you to sit in with each group for about 20 minutes each to assist if they get "stuck" in their brainstorming.

Once each group has finished, ask each group's representative to write down the pros or cons their group came up with in the larger Decisional Balance worksheet on the blackboard or flipchart.

When both groups have finished writing pros and cons, end the exercise and proceed to Debriefing.

5 Debriefing: Has your thinking changed? 15 minutes

SAY:

OK, good. Now you can see we have lots of pros and cons, both short-term and long-term up here. I wonder what you make of all this?

Spend the remaining time discussing the pros and cons that have been generated asking questions such as "how important is each of these reasons to change/not change?" "to what degree does the importance of a pro or con influence your decision about changing?" "has your view of changing shifted as a result of seeing all these pros and cons up here?" "do you think you might be more ready to change your use than you were before?"

At the end of 15 minutes, proceed to Wrap-Up

6 Wrap-Up 5 minutes

SAY:

We've certainly generated a lot of food for thought today! I hope you'll continue to think about the pros and cons of changing, both short and long term between now and our next session. We've now completed the MET portion of the program. I hope you learned something about yourself and began to think about the pros and cons of changing your substance use in a little different way than you did before. Are there any questions before we finish?

3.

“Drugs on
Trial”

Group Session

3. “Drugs on Trial” Group Session Overview

PURPOSE

Begin the process of motivating participants to fully consider the pros and cons of substance use and alternative healthy behaviors that replace substance use.

OBJECTIVES

Encourage participants to:

- ◆ Consider the pros and cons of their substance use;
- ◆ As a group, consider alternatives to substance use; and
- ◆ Engage in discussion within the MET Ground Rules.

MATERIALS

Flipchart or blackboard
Pencils and paper

SESSION OVERVIEW

Activity	Timing
1. Review of Ground Rules	5 minutes
2. Statement of Rationale and Discussion	5 minutes
3. Written Exercise: What you like or don't like	10 minutes
4. Role-play Exercise: Drugs on Trial	60 minutes
5. Debriefing	10 minutes
6. Wrap-Up	2 minutes

3. “Drugs on Trial” Group Session Curriculum

1 Review of Ground Rules 5 minutes

SAY:

Today we’re going to build on the information we developed in the previous sessions. First, I want to briefly go over the ground rules again with you.

Have someone from the group read ground rules. Ask if there are any questions and address them.

2 Statement of Rationale and Discussion 5 minutes

SAY:

During our individual and group sessions we introduced an exercise that looked at the pros and cons of using or not using drugs. We looked at this because we know that people don’t change unless they really want to. You had a chance to figure out if you really wanted to change, and why you may want to change.

Now that we are meeting as a group it may be useful to re-visit a group version of the pros and cons exercise (called Drugs on Trial) to make sure we have a good understanding about our need and desire for change.

Explain “mock trial.”

By “mock trial” I mean that we are actually going to hold a trial using ourselves as judge, prosecutor, defense attorney and jury. Some of you may have personal experiences of a trial in court. In our “mock trial” we will create charges, present “evidence,” and reach a verdict. Since none of us is on trial, this “mock trial” can be fun!

Clarify any group feedback.

3 Written Exercise: What You Like or Don’t Like 10 minutes

 **DISTRIBUTE:** pencils and paper.

SAY:

Please write down “Three things you like about drugs or alcohol” and “Three things you don’t like about drugs or alcohol?”

You can keep these notes you are making and refer to them during this session (that is, what you like/don’t like).

4 **Role-play Exercise: Drugs on Trial**

60 minutes

Introduce the Drugs on Trial exercise by noting that there are good and bad things about drugs and alcohol, and that a mock trial will help sort out what they are.

Have the group generate a list of the “charges” for which drugs will be tried and write the charges on the flipchart.

For example, some “crimes” we might charge alcohol/drugs with are:

1. Drugs ruin your life.
2. Alcohol abuse leads to violence.
3. Substance use prevents you from getting ahead.

SAY:

I can play the role of the prosecutor in mock trial.

ASK for a volunteer play the role of a defense attorney.

ASK two participants to testify about the “bad” things about drug use in front of the Prosecutor. Ask specific questions about bad things about alcohol/drug use.

Next, ASK for two participants to testify about the “good” things about drug use in front of the defense attorney. Instruct the defense attorney to ask questions about what’s good about using alcohol/drugs.

Explain that the rest of the group will play the role of the jury.

After the witnesses have testified have the jury deliberate/propose a verdict and sentence. “Sentences” that might be imposed if alcohol/drugs are found guilty could be:

1. Stop using altogether.
2. Reduce use to occasionally.

5

Debriefing

10 minutes

Discuss with the group what went on during the trial.

Note to Facilitators: Try to motivate the group to begin the process of changing alcohol and drug use.

6

Wrap-Up

2 minutes

Ask if there are any questions before the group ends.

Announce the date, time and location of the next group.

4.
“The
Inner
Struggle”

Group Session

4. "The Inner Struggle" Group Session Overview

PURPOSE

To introduce the notion of dramatically changing or eliminating alcohol or other drug use.

To explore with participants what it might be like to live without using by completing a group decisional balance sheet on the "pros" and cons" of changing/quitting versus not changing/continuing to use.

OBJECTIVES

To encourage participants to:

- ◆ express the advantages and disadvantages they get from using alcohol or other drugs;
- ◆ express the potential disadvantages they see in dramatically reducing or stopping their use of alcohol or other drugs; and
- ◆ express the potential advantages of dramatically reducing or stopping their use of alcohol or other drugs.

MATERIALS

Flip chart/blackboard
"It would be really hard for me..." worksheet

SESSION OVERVIEW

Activity	Timing
1. Review of Ground Rules	2 minutes
2. Introduction and Rationale	10 minutes
3. Written Exercise: "It would be really hard for me..."	5 minutes
4. Inner Struggle Exercise	50 minutes
5. Debriefing and Discussion of Experience	20 minutes
6. Wrap-Up	5 minutes

4. "The Inner Struggle" Group Session Curriculum

1 Review of Ground Rules **2 minutes**

SAY:

Today we're going to build on the information we developed in the previous groups. First, I'd like to review the ground rules again with you briefly.

Have someone from the group read the ground rules aloud. Ask if there are any questions and address them.

2 Introduction and Rationale **10 minutes**

SAY:

Today we're going to explore together issues that people often have about changing or stopping alcohol or drug use. People who decide to change alcohol or drug use often wonder "what will I do without them?" We've seen in our previous sessions that, despite the fact that alcohol or drugs have clearly created problems and have a down side, they also served important functions in life for some of us. If you should decide to stop or drastically reduce your use, how would you socialize, relax, alleviate stress or accomplish the positive things that you got from alcohol or drugs? This struggle is at the heart of making healthy changes (what will I do if I can't have my chocolate fix!), and is the focus of our session today.

We're going to examine the gap that might be left in our lives if we stopped using alcohol or drugs and begin to look at ways we might begin to fill those gaps in a healthy fashion. We'll do this by bringing to life the "inner struggle" that people who are changing substance use often experience.

Any thoughts or questions before we get started?

Address any comments or questions briefly.

3 **Written Exercise: "It would be really hard for me..." 5 minutes**

DISTRIBUTE: "It would be really hard for me..." worksheet

SAY:

I've just handed out sheets with the start of a sentence "It would be really hard for me not to use alcohol or drugs when..."

I'd like each of you to complete this sentence with at least one situation when you think you'd find it really hard not to use. For example, you might find it really hard not to use when you are with old friends. That would be one completion. If you would also find it really hard not to use when you had a hard day at work, that would be a second completion. Complete the sentence as many times as you can in the next five minutes.

4 **Inner Struggle Exercise** **50 minutes**

Introduce the exercise by noting that everyone has different times when they use alcohol or drugs and when it would be hard not to use, even though they'd decided they wouldn't. It can be helpful to think about those times and the "pros" and "cons" of using or not using in the face of strong temptation.

Solicit volunteers or appoint participants to play the Angel, Devil and Person Trying to Maintain Changes roles.

Explain how the exercise will work:

- ◆ The "Person Trying to Maintain Changes" is asked to read their response to the sentence from the Written Exercise.
- ◆ The person playing "Devil" then tries to tempt the "Person Trying to Maintain Changes" to use.
- ◆ Person playing "Angel" provides positive alternatives and counters to "Devil's" temptations.
- ◆ Group members may offer specific suggestions if the three target participants have trouble in their roles.

If time permits, repeat with three different participants or have the original three participants switch roles and role play a different "high-risk" situation.

Write arguments from Angel and Devil on the flip chart/blackboard in columns labeled "Angel" and "Devil."

5 Debriefing and Discussion of Experience 20 minutes

SAY:

We've heard some pretty strong arguments on both sides of the questions here. In making decisions about using alcohol or drugs it's often hard to resist temptation. However, you always have a choice when you're faced with temptation.

ASK the group:

- What was it like listening to the argument between the Angel and Devil?
- Did any of the arguments strike a chord with you--on either side?
- Which arguments would you find hardest to resist if you had decided not to use, but were faced with temptation?
- What was the hardest thing for the Angel in the arguments?

6 Wrap-Up 3 minutes

Ask if there are any questions about the exercise before the group ends

Announce the date, time and place of the next group.

5.

“Pathways
Forward”

Group Session

5. "Pathways Forward" Group Session

Overview

PURPOSE

To raise the issue of whether or not to enter treatment as a way of changing alcohol or drug use.

To explore the pros and cons of treatment as a means of changing alcohol or drug use.

OBJECTIVES

To encourage participants to:

- ◆ discuss the pros and cons of treatment in their particular cases;
- ◆ try to understand what treatment options are available to them; and
- ◆ understand what to expect if they should decide to enter treatment

MATERIALS

Flip chart/blackboard
 Decisional Balance worksheet
 Treatment Program Descriptions (refer to DSAT treatment manuals)
 Commitment to Treatment Rating worksheet

Note to Facilitators: This part of the session requires you to be familiar with all of the options that are available to participants within the system. The availability of options will vary from institutional to community sites. You should have a list of options available along with a brief description of each to distribute to participants. For treatment programs, the description should contain, at a minimum, the location, intensity and duration of the program, as well as a description of the types of activities in which a participant in the treatment program is expected to participate. Program ground rules should also be described, as well as the program treatment goal.

SESSION OVERVIEW

Activity	Timing
1. Review Ground Rules	2 minutes
2. Introduction and Rationale	10 minutes
3. Review of Treatment Options	23 minutes
4. Decision Balance for Treatment	40 minutes
5. Debriefing and Commitment to Action	15 minutes

5. "Pathways Forward" Group Session Curriculum

1 Review Ground Rules

2 minutes

SAY:

Today we're going to build on the information we developed in the last group when we talked about how hard it is to resist the temptation to use alcohol or drugs, even when we've decided to do so. First, I'd like to briefly review the ground rules again with you.

Have someone from the group read ground rules aloud. Ask if there are any questions and address them.

2 Introduction and Rationale

10 minutes

SAY:

In other sessions we've explored the advantages of using, the disadvantages of using, the advantages and difficulties of change, and the disadvantages of changing substance use. Today we're going to explore options for change should you decide that change is for you.

As an offender you may have strong external pressure to change your alcohol or drug use. There are lots of ways that people change their use. Some folks simply stop or reduce their use without any assistance, others change aspects of their lives by increasing activities that are incompatible with use of alcohol or drugs such as by spending more time with their children, playing sports, or getting involved in church or a hobby. But some folks find that they need the support and help of others in the process of change. For some people, this support takes the form of going to AA or NA or other self-help groups, and for many, treatment is a part of the process. Today, we're going to outline the options available to you while you're here and examine the relative costs and benefits of each one — in a similar way to what we did with using.

Any questions or thoughts before we start?

Remember, today we're just going to discuss options. The options you choose are **up to you!**

3 Review of Treatment Options**23 minutes**

Note to Facilitators: Review all treatment options available to clients at your institutional or community delivery site.

SAY:

Currently, we have the following treatment options available [facilitator describes treatment options to the group]. Has anyone ever been in a substance abuse treatment program before?

If there is a participant who has been in a treatment program, ask if he/she would share some of the good and bad things about it. If no participants have been in a treatment program, ask participants what they have heard about the available treatment options and write comments on the flip chart/blackboard.

Distribute treatment program description (refer to the appropriate DSAT manual)

Describe the appropriate DSAT program (i.e., the institutional or community version) Make particular reference to misconceptions that may have emerged in the initial discussion of what participants may have heard about DSAT programming.

Encourage group participants to ask questions. Answer questions in a direct, non-confrontational, non-defensive and non-judgmental manner.

4 Decisional Balance for Treatment**40 minutes**

Draw a 2X2 table on the flip chart/blackboard labeling the columns "Advantages" and "Disadvantages" and the rows "Using Treatment to Help Me Change" and "Trying to Change Without Treatment."

	Advantages	Disadvantages
Using treatment to help me change		
Trying to change without treatment		

SAY:

OK, now that you have some idea of what treatment options are available, let's do a decisional balance about whether or not treatment is for you. Remember, it's your choice whether to enter treatment or not. That doesn't mean that there might not be someone else who is pressuring you to be in treatment.

Let's list as many advantages and disadvantages of treatment versus trying to change with treatment as we can. You each have a Decisional Balance worksheet of your own, I'd encourage you to jot down on your sheet the points that apply to you.

Let's start with some of the disadvantages of treatment. Can anyone tell me some of those?

Complete the decisional balance table on the flip chart/blackboard proceeding from Disadvantages of Treatment to Advantages of Changing on Your Own, to Disadvantages of Changing on Your Own, ending up with Advantages of Treatment. Prompt or provide start-off ideas if the group participants are unable to generate items for the cells of the table.

5 Debriefing and Commitment to Action 15 minutes

SAY:

We've generated a lot of food for thought today. Does anyone have any comments about today's session or about the program as a whole?

Solicit comments for several minutes.

SAY:

The last thing I'd like to do is to have you think briefly about the decision to enter treatment, and especially about how committed you are to entering treatment and using that as a way of changing your alcohol or drug use. To do this I'd like to have you rate yourselves on the sheets I'm handing out now.

 **DISTRIBUTE: Commitment to Treatment worksheet.**

SAY:

I've just handed you a sheet that has a rating scale on it that shows how committed you are to entering and completing treatment, as of today. This rating scale is for your personal use, I will not collect them from you. Still, I'd like you to rate yourself on each of the scales found on the Commitment to Treatment Scale. Keep the scale so you can refer to it later on once you've made your decision.

Explain each item briefly, so that participants can personally reflect on their rating.

5. "PATHWAYS FORWARD" GROUP SESSION

Allow participants a minute to complete the scales.

SAY:

Now, we've completed our group. Are there any last questions or comments before we end?

Answer any questions or

SAY:

If there are no questions, I want to thank you all for the time you've taken to attend these groups, and to wrestle with some very important issues. I'm confident you will all make decisions now that will be helpful to you.

Highly Recommended and Suggested Readings and Resources

HIGHLY RECOMMENDED:

In order for this manual to be most useful, the facilitator is encouraged to read:

Miller, W., & Rollnick, S. (1991). *Motivational Interviewing: Preparing People to Change Addictive Behavior*. New York: Guilford Press.

INTERNET RESOURCES:

A Web site, sponsored by W. Miller's group in New Mexico contains masses of information about motivational interviewing, training materials and opportunities, and a bibliography on motivational interviewing that is regularly updated.

<http://www.motivationalinterview.org/>

SUGGESTED READINGS

In addition, the facilitator is encouraged to read a variety of other materials. Below are a list of current resources that can enhance the facilitator's ability to effectively conduct MET.

Denning, P. (2000). *Harm Reduction Psychotherapy*. New York: Guilford Press.

Foote, J., DeLuca, A., Warner, A., Magura, S., Rosenblum, A., Grand, A. & Stahl, S. (1999). A group motivational treatment for chemical dependency. *Journal of Substance Abuse Treatment*, 17, 181-192.

Prochaska, J. O., DiClemente, C. C. (1982). Transtheoretical Therapy: Toward More Integrative Model of Change. *Psychotherapy: Theory, Research and Practice*, 19, 276-288.

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change. *American Psychologist*, 47, 1102-1114.

Prochaska, J. O., Norcross, J. C. & DiClemente, C. C. (1994). *Changing for Good*. New York: Morrow.

Rollnick, S., Mason, P. & Butler, C. (1999). *Health Behavior Change: A Guide for Practitioners*. Edinburgh: Churchill Livingstone.

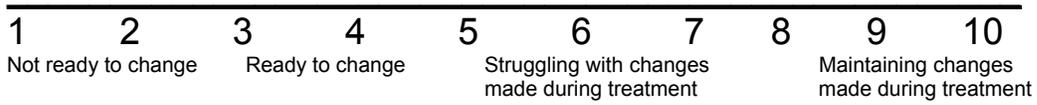
Ryan, R. M & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55, 68-78.

Session **M**aterials

Readiness to Change Ruler (Behavior)

DIRECTIONS: Using the line and the numbers below, draw an “X” on the line above the number that best describes how the statement below applies to you.

Thinking about changing my use of alcohol and/or drugs, I am...



Facilitator's Instructions on the Readiness Ruler

Take a few minutes to review the results the participant completed on the "Readiness Ruler" and determine whether the participant:

1. Is not ready to change his substance use (that is,, reduce or stop) based on the scales 1 and 2 from the "Readiness Ruler" (that is, scores 1,2,or 3 — Not at All);
2. Is ambivalent about changing his substance use (reduce or stop) based on the scales 1 and 2 from the "Readiness Ruler" (that is, scores 4,5, or 6 — Somewhat);
3. Is ready to change his substance use (reduce or stop) based on the scales 1 and 2 from the "Readiness Ruler" (that is, scores of 7,8, 9 or 10 — Completely).

OR

4. Is not ready to enter and complete treatment based on scale 3 from the "Readiness Ruler" (that is, scores 1,2,or 3 — Not at All);
5. Is ambivalent about entering and completing treatment based on the scale 3 from the "Readiness Ruler" (that is, scores 4,5, or 6 — Somewhat);
6. Is ready to enter and complete treatment based on scale 3 from the "Readiness Ruler" (that is, scores 7,8, 9 or 10 — Completely).

Based on the above ratings, provide feedback to the participant that they fall into one of three categories for changing substance use or to enter treatment:

- a) Not Ready (or Not At All on the scale);
- b) Ambivalent (or Somewhat on the scale); or
- c) Ready (or Completely on the scale).

The goal is use the motivational enhancement treatment sessions to move the participant along in the right direction of the "Readiness Ruler."

The next session, "Typical Day on the Street" is designed to increase the participant's awareness of the costs and benefits of his substance use before moving to a specific cost/benefit exercise, the "Decisional Balance."

MET Ground Rules

There are a few general ground rules for the group sessions that you will be attending. These ground rules are:

1. Treat all people and points of view with respect, regardless of whether you agree with them or not. Your beliefs/views may sound silly or weird to someone else!
2. Give feedback only if the other person grants you permission to do so. If you have a comment about another group member's views or behavior, you must ask their permission to give your opinion before voicing it. If the other person refuses, keep your opinion to yourself.
3. No violence.
4. Come to group "straight."
5. Everything that you hear in the group should remain in the group.

Decisional Balance

Write Behavior Being Evaluated Here ↓	Short-term Pros (Advantages)	Long-term Pros (Advantages)	Short-term Cons (Disadvantages)	Long-term Cons (Disadvantages)

Sample Instruction Table for Facilitator

Decisional Balance

Write Behavior Being Evaluated Here ↓*	Short-term Pros (Advantages)	Long-term Pros (Advantages)	Short-term Cons (Disadvantages)	Long-term Cons (Disadvantages)
Changing	Complete fourth	Complete fourth	Complete second	Complete second
Remaining the same	Complete first	Complete first	Complete third	Complete third

* i.e., “Continue using, “Stop using” always begin decisional balance with the “pros” of continuing current behaviour. Finish up with the “pros” of change.

“It would be really hard for me...”

DIRECTIONS: Complete the following sentence with as many answers as you can think of.

“It would be really hard for me not to use drugs or alcohol when...”

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

Commitment to Treatment

DIRECTIONS: On the 1 to 10 point scales below place an “X” on the line above the number that best describes how you feel about the statement.

1. I am committed to reducing my use of alcohol and/or drugs.

1	2	3	4	5	6	7	8	9	10
Not at All				Somewhat					Completely

2. I am committed to stopping my use of alcohol and/or drugs.

1	2	3	4	5	6	7	8	9	10
Not at All				Somewhat					Completely

3. I am committed to entering and completing treatment as a way of stopping use of alcohol and/or drugs.

1	2	3	4	5	6	7	8	9	10
Not at All				Somewhat					Completely